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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/734,902
		Filing Date	12/12/2003
		First Named Inventor	Joshua D. Rabinowitz
		Art Unit	1616
		Examiner Name	
Total Number of Pages in This Submission	4	Attorney Docket Number	00026.04CON

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> to Group
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board
<input type="checkbox"/> After Final	<input type="checkbox"/> of Appeals and Interferences	<input type="checkbox"/> Petition
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a	<input type="checkbox"/> Appeal Communication to Group
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Provisional Application	<input type="checkbox"/> (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Change of Correspondence	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request for Refund	<b>1. Request for Withdrawal as Attorney or Agent (in triplicate)-3 pages</b>
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	<b>2. Return Receipt Postcard</b>
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Elaine C. Stracker - 43,166	
Signature		
Date	DEC. 13 2004	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

Typed or printed name	Elaine C. Stracker		Date	DEC. 13 2004
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DEC 16 2004

PTO/SB/83 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/734,902
Filing Date	12/12/2003
First Named Inventor	Joshua D. Rabinowitz
Art Unit	1616
Examiner Name	
Attorney Docket Number	00026.04CON

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.

### CORRESPONDENCE ADDRESS

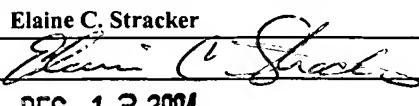
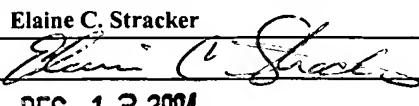
1.  The correspondence address is NOT affected by this withdrawal.
2.  Change the correspondence address and direct all future correspondence to:

Customer Number  

OR

<input checked="" type="checkbox"/> Firm or Individual Name	IP Department (Alexza MDC)				
Address	1001 East Meadow Circle				
Address					
City	Palo Alto	State	CA	ZIP	94303
Country					
Telephone		Fax			
<input checked="" type="checkbox"/> This request is made on behalf of myself and <input type="checkbox"/> all the attorneys/agents of record, <input type="checkbox"/> the attorneys/agents (with registration numbers) listed on the attached paper(s), or <input type="checkbox"/> the attorneys/agents associated with Customer Number <span style="border: 1px solid black; padding: 2px;"> </span>					

This request is enclosed in triplicate (including any attachments).

Name	Elaine C. Stracker 		
Signature		Registration No.	43,166
Date	DEC 13 2004		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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1.  The correspondence address is NOT affected by this withdrawal.
2.  Change the correspondence address and direct all future correspondence to:

<input type="checkbox"/>	Customer Number	<input type="text"/>
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	IP Department (Alexza MDC)
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Address	1001 East Meadow Circle
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Address	
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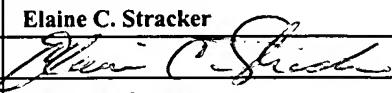
City	Palo Alto	State	CA	ZIP	94303
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Country	
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Telephone		Fax	
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- This request is made on behalf of myself and
- all the attorneys/agents of record,
  - the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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